



UNIVERSITY OUTREACH
OFFICE OF OUTREACH PROGRAM OFFICE
301 O. D. SMITH HALL, AUBURN, AL 36849-5608

**HOLD HARMLESS/INFORMED CONSENT AGREEMENT
AUBURN UNIVERSITY**

I, _____, acknowledge that injuries or loss can result from participation or association with the Auburn University Elderhostel program titled

_____ to be conducted _____. I further realize that participating in this event may involve risks and dangers, both known and unknown, and have elected to take part in this event. Therefore, I voluntarily accept and assume all risk of injury, loss of life or damage to property arising out of training, preparing, participating and traveling to or from the Auburn University Elderhostel program titled _____.

I acknowledge that I am physically and mentally capable of participating in this event, and I have no known medical condition that puts me at risk. I understand and agree to follow all safety precautions required for participation.

I furthermore release Auburn University, its Board of Trustees, Faculty, Staff and Agents from any and all liability as to any right of action that may accrue to my heirs or representatives for any injury to me or loss that I may suffer while training, preparing, participating and/or traveling to or from the Auburn University Elderhostel program titled _____.

I also grant permission to be transported to local doctors, clinics or hospitals in the event of any injury and will assume responsibility for all costs, including costs of collection that may include reasonable attorney fees.

I have read the above Hold Harmless/Informed Consent Agreement, understand its meaning, agree to be bounds by its effects, and sign it voluntarily.

Signature of Participant

Date